

## CHAMPVA POLICY MANUAL

CHAPTER: 2  
SECTION: 2.4  
TITLE: **POSTMASTECTOMY RECONSTRUCTIVE BREAST SURGERY**

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**AUTHORITY:** 38 CFR 17.272(a)

**RELATED AUTHORITY:** 32 CFR 199.4(e)(8)(i)(D) and PPI 93-16

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### I. EFFECTIVE DATE

A. October 1, 1980, for postmastectomy reconstruction of a breast when the mastectomy was performed as a result of carcinoma, fibrocystic disease, other nonmalignant tumors, or traumatic injuries.

B. February 26, 1990, for contralateral symmetry surgery, **that is**, augmentation mammoplasty, reduction mammoplasty or mastopexy performed on the other breast to bring it into symmetry with a postmastectomy reconstructed breast.

### II. PROCEDURE CODE(S)

A. **CPT codes:** 19160-19240, 19340-19499 (for postmastectomy reconstruction surgery)

B. **CPT codes:** 19316, 19318, 19324-19325 (for contralateral symmetry surgery)

### III. DESCRIPTION

**A.** Breast reconstruction consists of mound reconstruction, areola/nipple reconstruction and areola/nipple tattooing.

### IV. POLICY

A. Payment may be made for postmastectomy reconstruction of the breast following a mastectomy.

B. Payment may be made for contralateral symmetry surgery, **that is**, reduction mammoplasty, augmentation mammoplasty, or mastopexy performed on the other breast to bring it into symmetry with a post-mastectomy reconstructed breast.

C. Payment may be made for treatment of complications following reconstruction (including implant removal) regardless of when the reconstruction was performed, and complications that may result following symmetry surgery, removal and reinsertion of implants.

D. External surgical garments specifically designed as an integral part of an external prostheses, such as postmastectomy surgical bras and breast forms following a mastectomy, are considered a medical supply item and are covered. A maximum of 7-postmastectomy surgical bras **will be covered** on an annual basis.

E. External breast prostheses. One replacement silicone breast prostheses may be **covered** every 24-months. For information on authorized prosthetics, see [Chapter 2, Section 24.1](#), *Prosthetic Devices*.

## V. POLICY CONSIDERATIONS

### A. Postmastectomy breast reconstruction.

1. Reconstruction may be covered regardless of the type of mastectomy performed, **that is, simple or total mastectomy, modified radical mastectomy, radical mastectomy, skin-sparing mastectomy, subcutaneous mastectomy, lumpectomy, or partial mastectomy**. Payment may be made for musculocutaneous flap transfer for patients who have undergone a radical mastectomy.

2. **FDA** (Food and Drug Administration) approved implant material and customized external breast prostheses are covered.

3. Generally, coverage will be limited to two procedures per breast, unless medical indications require more than two procedures.

4. The allowable charge for bilateral reconstruction may not exceed 150 percent of the reasonable charge for a unilateral procedure (see [Chapter 3, Section 3.1](#), *Cost Share*).

5. Preauthorization is not required.

6. Payment may be made for the implant material and or prosthesis when billed separately by the physician when an invoice is attached and then only at the invoice cost. In bilateral cases, the multiple surgery guidelines apply only to the implant procedure - all materials should be reimbursed at cost. In all other cases, the cost of the implant will be considered an institutional expense.

7. Claims for mastectomies with immediate reconstruction will be processed as one procedure. Multiple surgical guidelines will not apply.

8. FDA approved customized external breast prosthesis, such as the Discrene or Positive Image External Reconstruction, may be **covered**. Reimbursement for this type of breast prosthesis will be based on the allowable charge methodology outlined in [Chapter 3, Section 5.1](#), *Outpatient and Inpatient Professional Provider Reimbursement*.

B. Contralateral symmetry surgery, **that is**, reduction mammoplasty, augmentation mammoplasty, or mastopexy performed on the other breast to bring it into symmetry with the postmastectomy breast.

1. Preauthorization is not required.
2. Generally, coverage will be limited to one procedure, unless otherwise medically indicated.
3. Any implant material used must be approved by the FDA.
4. Reimbursement will be outlined in [Chapter 3, Section 5.1](#), *Outpatient and Inpatient Professional Provider Reimbursement* for multiple surgical procedures when billed in conjunction with another surgical procedure, **that is**, same operative session from either the mastectomy, or breast reconstruction.
5. A separate surgical procedure, other than the mastectomy or breast reconstruction, performed at a different operative session will be reimbursed in accordance with the payment methodology in place where the service is provided.

C. Claims, which are not sufficiently documented to enable a coverage determination, shall be developed for additional information. Failure to provide the information requested will result in denial of the claim.

D. Claims related to the reduction of the contralateral breast in postmastectomy reconstructive breast surgery is not subject to the regulatory exclusion for mammoplasties performed primarily for reasons of cosmesis.

**\*END OF POLICY\***